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** CONTINUING DATA ***** *BA*

This application is a DIV of 09/313,864 05/18/1999 PAT 6,315,145
 which is a CIP of 08/501,815 07/13/1995 PAT 5,904,677

** FOREIGN APPLICATIONS ***** *none* *BA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/30/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 27	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

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TITLE

Inject-Through Specimen Container

FILING FEE RECEIVED 502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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